
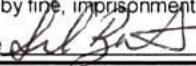


United States Environmental Protection  
Agency Washington, D.C. 20460

OMB Approval 2070-174

## DATA CALL-IN RESPONSE

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form.  
Use additional sheet(s) if necessary.

1. Company Name and Address  CHEMTREAT, INC. 5640 COX ROAD GLEN ALLEN, VA 23060		2. Case # and Name  2315 Glutaraldehyde Chemical # and Name 043901 Glutaraldehyde		3. Date and Type of DCI and Number  28-Aug-2015  GENERIC  ID # GDCI-043901-30859	
4. EPA Product Registration	5. I wish to cancel this product registration voluntarily	6. Generic Data		7. Product Specific Data	
		6a. I am claiming a Generic Data Exemption because I obtain the active ingredient from the source EPA registration number listed below.	6b. I agree to satisfy Generic Data requirements as indicated on the attached form entitled "Requirements Status and Registrant's Response."	7a. My product is an MUP and I agree to satisfy the MUP requirements on the attached form entitled "Requirements Status and Registrant's Response."	7b. My product is an EUP and I agree to satisfy the EUP requirements on the attached form entitled "Requirements Status and Registrant's Response."
15300-28	NO			N.A.	N.A.
8. Certification I certify that the statements made on this form and all attachments are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine, imprisonment or both under applicable law. Signature and Title of Company's Authorized Representative  Product Compliance Analyst				9. Date 10/6/15	
10. Name of Company ChemTreat, Inc.				11. Phone Number 804-935-2114	